

Building Permit Instructions and Required Documentation

\$50 Non-Refundable Application Fee

APPLICATIONS WILL **NOT** BE ACCEPTED FOR PROCESSING IF YOU DO NOT HAVE **ALL** THE REQUIRED DOCUMENTATION INDICATED BELOW. (v.07.2016)

- ☐ COMPLETED APPLICATION AND A FIRE DEPARTMENT APPLICATION WITH APPLICABLE FEE.
- ☐ 5 COPIES OF ENGINEERED / SEPTIC SITE PLANS FOR NEW BUILDINGS AND ADDITIONS (HORIZONTAL OR VERTICAL) SHOWING SIZE AND LOCATION OF ALL EXISTING AND PROPOSED BUILDINGS, SETBACKS, DRIVEWAY, AND SITE COVERAGE CALCULATIONS. CONTACT THE HEALTH DEPT. (508.430.7509) FOR SEWAGE DISPOSAL PERMIT REGULATIONS.
- ☐ 5 COPIES OF BUILDING PLANS
- ☐ WOOD FRAME CONSTRUCTION MANUAL (WFCM) COMPLIANCE CHECKLIST FOR ALL RESIDENTIAL NEW CONSTRUCTION AND ADDITIONS EXCEPT DECKS. (NOT REQUIRED IF PLANS ARE STAMPED.)
- ☐ ENERGY CALCULATIONS FOR ALL NEW CONSTRUCTION OR HEATED ADDITIONS. (2012 IECC STANDARDS)
- ☐ MANUFACTURERS' SPECIFICATIONS SHOWING OPENINGS SIZE AND U-VALUE.
- ☐ WORKER'S COMPENSATION INSURANCE AFFIDAVIT **AND** CERTIFICATE OF INSURANCE (ACCORD).
- ☐ PHOTO COPIES OF CONSTRUCTION SUPERVISOR'S LICENSE **AND** HOME IMPROVEMENT REGISTRATION NO.

- OR -

IF THE HOMEOWNER IS DOING THE WORK THEMSELVES **AND/OR** SERVING AS GENERAL CONTRACTOR FOR A RESIDENTIAL PROJECTS

- ☐ CONSTRUCTION SUPERVISOR EXEMPTION AFFIDAVIT **AND** HOME OWNER'S EXEMPTION FORM
- ☐ NON-REFUNDABLE APPLICATION FEE SHOWN ABOVE. MAKE CHECKS PAYABLE TO TOWN OF HARWICH.

IF APPLICABLE

- ☐ ALL ENGINEERED LUMBER REQUIRES ENGINEER'S STAMP OR MANUFACTURER'S CALC. SHEET
- ☐ TITLE OF OWNERSHIP (RECORDED COPY) FOR VACANT LOTS ONLY. COPIES AVAILABLE FROM THE HARWICH ASSESSOR'S OFFICE OR THE BARNSTABLE COUNTY REGISTRY OF DEEDS.
- ☐ RECORDED COPY OF DECISION FOR ANY REQUIRED REGULATORY BOARD OR COMMISSION APPROVALS/ DECISIONS: ZONING BOARD OF APPEALS, PLANNING BOARD, CONSERVATION COMMISSION, HISTORIC DISTRICT COMMISSION & HISTORICAL COMMISSION, BOARD OF HEALTH.
- ☐ MODULAR HOMES - SUBMIT PLANS APPROVED BY DIVISION OF INSPECTION & EVIDENCE OF 3RD PARTY ENGINEERING REVIEW. PROJECT REQUIRES: PHOTOCOPIES OF CONSTRUCTION SUPERVISOR LICENSE (FOR FOUNDATION) AND HOISTING LICENSE, PLAN IDENTIFICATION FORM, MANUFACTURERS' CERTIFICATION OF INSTALLER/SET CREW, ENGINEERED LUMBER CALCULATIONS AND NO HOMEOWNER EXEMPTIONS ARE ALLOWED.

FOOTNOTES: ¹ - THE FIRE DEPARTMENT APPLICATION AND FEE MUST BE SUBMITTED AT THE SAME TIME AS THE BUILDING APPLICATION. FIRE DEPT.: 508.430.7546.

* LEGAL OWNER, MAP / PARCEL AND TITLE INFORMATION IS AVAILABLE THROUGH THE ASSESSOR'S OFFICE. HARWICH ASSESSOR'S: 508.430.7503.

Town of Harwich
732 Main Street· Harwich, MA 02645 ·508.430.7506
Building Permit Application / **Non-Refundable Fee \$50.00**
PLEASE PRINT LEGIBLY

SITE INFORMATION / PROJECT INFORMATION:

DATE:

☐ RESIDENTIAL

☐ COMMERCIAL*

☐ CHANGE OF USE*

*COMMERCIAL BUILDINGS IN EXCESS OF 35,000 CU. FT. MUST MEET CONTROL CONSTRUCTION REGULATIONS (780 CMR 116).
ADDENDUM TO PERMIT APPLICATION AVAILABLE IN BUILDING DEPARTMENT.

JOB ADDRESS: _____ **ASSESSOR'S MAP/PARCEL:** _____

***EXISTING / PROPOSED USE:** _____ / _____ **CONSTRUCTION TYPE:** _____

DESCRIPTION OF ALL WORK: _____

TOTAL CONTRACTED VALUE* OF WORK: _____ **ONE (1) APPLICATION PER STRUCTURE.**

STRUCTURE: \$ _____ **PLUMB: \$** _____ **WIRE: \$** _____ **HVAC: \$** _____

* SUBJECT TO FINAL COST AFFIDAVIT*

☐ NEW DWELLING / # OF UNITS: _____

☐ ADDITION

☐ ALTERATIONS

☐ ACCESSORY STRUCTURE / TYPE: _____

☐ OTHER: _____

☐ NEW COMMERCIAL CONSTRUCTION; # OF TENANT SPACES: _____

☐ MECHANICAL / TYPE: _____

☐ SOLAR / SF: # _____

TOTAL SQUARE FOOTAGE OF ALL CONSTRUCTION / ALTERATIONS BY FLOOR:

BASEMENT: _____ **FIRST FL:** _____ **SECOND FL:** _____ **GARAGE:** _____

ZONING COMPLIANCE INFORMATION:

ZONING DISTRICT(S): _____

HISTORIC DISTRICT: _____

FLOOD ZONE: _____

BOA CASE #: _____

PLANNING BOARD CASE #: _____

CONCOM CASE#: _____

BOH #: _____

SETBACK COMPLIANCE:

EXISTING:	Front	L Side	R Side	Rear
PROPOSED:	Front	L Side	R Side	Rear
REQUIRED:	Front	L Side	R Side	Rear

DEBRIS DISPOSAL FACILITY AS APPROVED BY HARWICH DPW: _____

DIGSAFE CASE #: _____

PROFESSIONAL(S) INFORMATION:

CONSTRUCTION SUPERVISOR (CS): _____ CELL #: _____

ADDRESS: _____ PHONE #: _____

CITY/ST/ZIP: _____ EMAIL: _____

CSL #: _____ TYPE: _____ EXPIRATION: _____

HIC REG #: _____ EXPIRATION: _____

PROFESSIONAL / ENGINEER: _____ CELL #: _____

ADDRESS: _____ PHONE #: _____

CITY/ST/ZIP: _____ EMAIL: _____

LEGAL PROPERTY OWNER INFORMATION:

PROPERTY OWNER: _____ ARE YOU A LESSEE? _____

ADDRESS: _____ PHONE #: _____

CITY/ST/ZIP CODE: _____ EMAIL: _____

“BY SIGNING THIS APPLICATION I DO HEREBY CERTIFY THAT I AM THE OWNER OF RECORD OF THE ABOVE CAPTIONED PROPERTY AND I HAVE AUTHORIZED THE WORK DESCRIBED IN THIS APPLICATION. I HEREBY AUTHORIZE THE PEOPLE NAMED IN THIS APPLICATION TO ACT AS MY AGENTS IN MATTERS CONCERNING THIS DESCRIBED WORK. I HEREBY CERTIFY UNDER THE PAINS AND PENALTIES OF PERJURY THAT ALL STATEMENTS MADE HEREIN ARE TRUE AND ACCURATE.”

LEGAL OWNER'S SIGNATURE: _____ DATE: _____

LEGAL OWNER'S NAME (PLEASE PRINT): _____

APPLICANT/AGENT/C.S. SIGNATURE: _____ DATE: _____

APPLICANT/AGENT/C.S. PRINTED NAME: _____

DEPARTMENTAL USE ONLY

APPROVAL / DENIAL BY: _____ DATE: _____

PERMIT NO.: _____ PERMIT FEE: _____

Please Read Before Signing

**AFFIDAVIT OF A HOMEOWNER FOR
CONSTRUCTION SUPERVISOR LICENSE EXEMPTION**

A **'Homeowner'** may obtain a building permit without having a construction supervisor's license if they qualify for the license exemption in the 7th Edition of the Massachusetts State Building Code 780 CMR 5108.3.5 Licensing of Construction Supervisors.

The **'Homeowner'** must supervise anyone they hire to perform the work described in the permit. This exemption does **not** apply to the field erection of manufactured buildings.

A **'Homeowner'** is defined as: Person(s) who owns a parcel of land on which he or she resides or intends to reside, on which there is, or is intended to be, a one- or two-family dwelling, attached or detached structures accessory to such use and/or farm structures. A person who constructs more than one home in a two-year period shall not be considered a homeowner.

I hereby certify that I am a **'Homeowner'** according to the above definition and I will assume full responsibility for the work described in the attached building permit. I will assure conformance of the applicable sections of the Massachusetts State Building Code, Town of Harwich Zoning By-laws, and any other applicable law, rule, or regulation.

I UNDERSTAND THAT I MAY BE HELD LIABLE FOR ANY VIOLATIONS OF THE LAW, DEFECTS IN WORKMANSHIP, AND ANY ACCIDENTS OR INJURIES THAT MAY OCCUR IN THE COURSE OF THIS PROJECT. Signed under the pains and penalties of perjury this _____ day of _____.

Homeowner Signature:

Printed Name:

**EXEMPTION FROM HOME IMPROVEMENT CONTRACTOR REGISTRATION
FOR PERSONS OBTAINING BUILDING PERMIT AS A HOMEOWNER**

MGL c. 142A requires that the "reconstruction, alteration, renovation, repair, modernization, conversion, improvement, removal, demolition, or construction of an addition to any pre-existing owner-occupied building containing at least one but not more than four dwelling units..." be done by registered contractors, with certain exceptions, along with other requirements.

A **'Homeowner'** as defined above, is exempt from registration as a Home Improvement Contractor as described in MGL c. 142A.

HOMEOWNERS OBTAINING THEIR OWN BUILDING PERMIT OR ENGAGING UNREGISTERED CONTRACTORS TO PERFORM APPLICABLE HOME IMPROVEMENT WORK DO NOT HAVE ACCESS TO THE ARBITRATION PROGRAM OR GUARANTY FUND AS FOR PROVIDED UNDER MGL c. 142 A.

I have read the above statements and understand that I have waived my right to arbitration and access to the Guaranty Fund as provided for under MGL c. 142A by obtaining the attached permit as a 'Homeowner', as defined above.

Homeowner Signature:

Date:



The Commonwealth of Massachusetts
Department of Industrial Accidents
1 Congress Street, Suite 100
Boston, MA 02114-2017
www.mass.gov/dia

Workers' Compensation Insurance Affidavit: Builders/Contractors/Electricians/Plumbers.
TO BE FILED WITH THE PERMITTING AUTHORITY.

Applicant Information

Please Print Legibly

Name (Business/Organization/Individual): _____

Address: _____

City/State/Zip: _____ Phone #: _____

Are you an employer? Check the appropriate box:

1. ☐ I am an employer with _____ employees (full and/or part-time).*
2. ☐ I am a sole proprietor or partnership and have no employees working for me in any capacity. [No workers' comp. insurance required.]
3. ☐ I am a homeowner doing all work myself. [No workers' comp. insurance required.] †
4. ☐ I am a homeowner and will be hiring contractors to conduct all work on my property. I will ensure that all contractors either have workers' compensation insurance or are sole proprietors with no employees.
5. ☐ I am a general contractor and I have hired the sub-contractors listed on the attached sheet. These sub-contractors have employees and have workers' comp. insurance.‡
6. ☐ We are a corporation and its officers have exercised their right of exemption per MGL c. 152, §1(4), and we have no employees. [No workers' comp. insurance required.]

Type of project (required):

7. ☐ New construction
8. ☐ Remodeling
9. ☐ Demolition
10. ☐ Building addition
11. ☐ Electrical repairs or additions
12. ☐ Plumbing repairs or additions
13. ☐ Roof repairs
14. ☐ Other _____

*Any applicant that checks box #1 must also fill out the section below showing their workers' compensation policy information.

† Homeowners who submit this affidavit indicating they are doing all work and then hire outside contractors must submit a new affidavit indicating such.

‡ Contractors that check this box must attach an additional sheet showing the name of the sub-contractors and state whether or not those entities have employees. If the sub-contractors have employees, they must provide their workers' comp. policy number.

I am an employer that is providing workers' compensation insurance for my employees. Below is the policy and job site information.

Insurance Company Name: _____

Policy # or Self-ins. Lic. #: _____ Expiration Date: _____

Job Site Address: _____ City/State/Zip: _____

Attach a copy of the workers' compensation policy declaration page (showing the policy number and expiration date).

Failure to secure coverage as required under MGL c. 152, §25A is a criminal violation punishable by a fine up to \$1,500.00 and/or one-year imprisonment, as well as civil penalties in the form of a STOP WORK ORDER and a fine of up to \$250.00 a day against the violator. A copy of this statement may be forwarded to the Office of Investigations of the DIA for insurance coverage verification.

I do hereby certify under the pains and penalties of perjury that the information provided above is true and correct.

Signature: _____ Date: _____

Phone #: _____

Official use only. Do not write in this area, to be completed by city or town official.

City or Town: _____ Permit/License # _____

Issuing Authority (circle one):

1. Board of Health 2. Building Department 3. City/Town Clerk 4. Electrical Inspector 5. Plumbing Inspector
6. Other _____

Contact Person: _____ Phone #: _____

Information and Instructions

Massachusetts General Laws chapter 152 requires all employers to provide workers' compensation for their employees. Pursuant to this statute, an **employee** is defined as "...every person in the service of another under any contract of hire, express or implied, oral or written."

An **employer** is defined as "an individual, partnership, association, corporation or other legal entity, or any two or more of the foregoing engaged in a joint enterprise, and including the legal representatives of a deceased employer, or the receiver or trustee of an individual, partnership, association or other legal entity, employing employees. However the owner of a dwelling house having not more than three apartments and who resides therein, or the occupant of the dwelling house of another who employs persons to do maintenance, construction or repair work on such dwelling house or on the grounds or building appurtenant thereto shall not because of such employment be deemed to be an employer."

MGL chapter 152, §25C(6) also states that **"every state or local licensing agency shall withhold the issuance or renewal of a license or permit to operate a business or to construct buildings in the commonwealth for any applicant who has not produced acceptable evidence of compliance with the insurance coverage required."** Additionally, MGL chapter 152, §25C(7) states "Neither the commonwealth nor any of its political subdivisions shall enter into any contract for the performance of public work until acceptable evidence of compliance with the insurance requirements of this chapter have been presented to the contracting authority."

Applicants

Please fill out the workers' compensation affidavit completely, by checking the boxes that apply to your situation and, if necessary, supply sub-contractor(s) name(s), address(es) and phone number(s) along with their certificate(s) of insurance. Limited Liability Companies (LLC) or Limited Liability Partnerships (LLP) with no employees other than the members or partners, are not required to carry workers' compensation insurance. If an LLC or LLP does have employees, a policy is required. Be advised that this affidavit may be submitted to the Department of Industrial Accidents for confirmation of insurance coverage. **Also be sure to sign and date the affidavit.** The affidavit should be returned to the city or town that the application for the permit or license is being requested, **not** the Department of Industrial Accidents. Should you have any questions regarding the law or if you are required to obtain a workers' compensation policy, please call the Department at the number listed below. Self-insured companies should enter their self-insurance license number on the appropriate line.

City or Town Officials

Please be sure that the affidavit is complete and printed legibly. The Department has provided a space at the bottom of the affidavit for you to fill out in the event the Office of Investigations has to contact you regarding the applicant. Please be sure to fill in the permit/license number which will be used as a reference number. In addition, an applicant that must submit multiple permit/license applications in any given year, need only submit one affidavit indicating current policy information (if necessary) and under "Job Site Address" the applicant should write "all locations in _____ (city or town)." A copy of the affidavit that has been officially stamped or marked by the city or town may be provided to the applicant as proof that a valid affidavit is on file for future permits or licenses. A new affidavit must be filled out each year. Where a home owner or citizen is obtaining a license or permit not related to any business or commercial venture (i.e. a dog license or permit to burn leaves etc.) said person is NOT required to complete this affidavit.

The Department's address, telephone and fax number:

The Commonwealth of Massachusetts
Department of Industrial Accidents
1 Congress Street, Suite 100
Boston, MA 02114-2017

Tel. # 617-727-4900 ext. 7406 or 1-877-MASSAFE
Fax # 617-727-7749
www.mass.gov/dia

HARWICH FIRE DEPARTMENT
175 Sisson Road, Harwich, MA 02645
Office of Fire Prevention and Inspection Division

Phone 508-430-7548

Fax 508-432-5685

FIRE DETECTION SYSTEMS
FOR NEW HOMES, ADDITIONS AND ALTERATIONS

To Applicant:

1. Please complete this form and return it to the Building Department with Plans and the Fire Department fee of **\$60.00**.
2. Locate Smoke, CO & Heat Detectors on the plans. (This is the responsibility of the applicant.)
3. If an Alteration or Addition, plans of the **ENTIRE HOME** are required.

Date _____

Property Owner _____

Address (HARWICH) _____

Assessor's Map _____ Parcel _____

NEW Construction

Addition/Alteration*

CIRCLE ONE

*If Addition/Alteration, Original Year House was built _____

Scope of work to be performed:

Heating Fuel: Gas Oil Electric Other _____ CIRCLE ONE

Contractor Name _____

Phone No. _____

License No. _____

Number of Detectors (Maximum 12 per circuit) _____ Multiple Station _____

Type of Detectors:

Combination Photoelectric / Ionization _____

Photoelectric only when within 20 feet of a Bathroom or Kitchen _____

Primary Source of Power: 110 Volt _____ Low-Voltage Alarm System _____ **

Square Footage of Each Floor

Basement _____

First Floor _____

Second Floor _____

Use Group of Building _____

Alarm Company: ** _____

Address _____ Phone _____

Alarm Co. Notification: Yes _____ No _____ Lock Box: _____
Required with Low Voltage**